

Asthma, Allergies, & EpiPen Administration

**Presented by: Preschool Nurses
March 25th, 2021**

Asthma Basics for School

- ❑ **As per the Asthma and Allergy Foundation of America:**
“Children spend around seven hours a day in school, not including before and after school activities”.
- ❑ “Identifying, reducing and eliminating asthma triggers in the school setting is an important part of keeping asthma well-controlled for students, teachers and staff”.



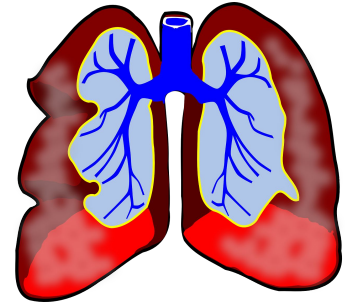
New Jersey Laws and Asthma



- ❑ **N.J.S.A. 18A:40-12.3**
 - ❑ **Allows students to self administer an inhaler or EpiPen.**
- ❑ **N.J.S.A. 18A:40-12.7**
 - ❑ **Mandates all schools to have and maintain a nebulizer.**
- ❑ **N.J.S.A. 18A:40:-12.8**
 - ❑ **States each pupil authorized to use asthma medication must have an Asthma Action Plan (AAP) prepared by the student's medical home and submitted to the certified school nurse. The AAP shall identify, at a minimum, asthma triggers, emergency care and shall be included in the individualized health care plan.**

What is Asthma?

A Chronic Inflammation- of the lungs airways that causes coughing, chest tightness, wheezing or shortness of breath.



Three things happen to an asthmatic that makes breathing difficult:

1. Airways fill with mucus.
2. Airway linings swell.
3. Muscles around airways tighten also called bronchospasm.

Narrowing of airways makes it difficult for air to move freely in and out of lungs.

Asthma

- Asthma is a leading chronic illness among children and adolescents in the United States.
- It is also one of the leading causes of school absenteeism.
- On average, in a classroom of 30 children, about 3 are likely to have asthma.



Early Warning Signs of an Asthma Attack



Changes in Breathing:

- Coughing
- Wheezing
- Breathing through Mouth
- Shortness of Breath

Verbal Complaints:

- Chest Tightness
- Chest Pain
- Mouth Dry
- Neck Feels Funny
- "I just don't feel well."

- Being aware of these early warning signs allows the child to take medication at a time when asthma is easiest to control.**

Signs and Symptoms

Children with asthma often experience periods of:

- Shortness of breath
- Wheezing
- Coughing
- Chest tightness
- Appearing fearful or worried
- Lack of energy
- Irritable
- Stuffy, runny nose
- Retractions
- Nasal flaring



These periods are called attacks or episodes and should always be taken seriously!

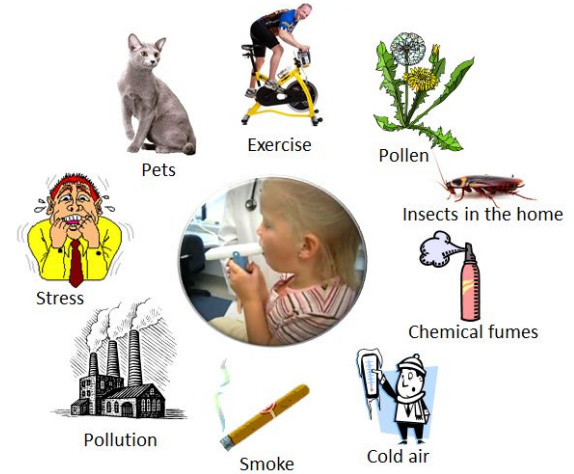
Asthma Triggers

Allergies:

- Foods
- Pollens
- Animal dander from feathered or furry pets
- Cockroaches
- Dust mites
- Mold

Irritants:

- Air Pollution
- Smoke
- Chemicals and strong smells



Asthma Triggers

Other Triggers:

- Extreme weather changes
- Upper respiratory infections
- Cold air
- Strong emotions
- Exercise

EMERGENCY SIGNS



❑ Signs that a **CHILD** is having **A HARD TIME BREATHING** are:

- ❑ Retractions
- ❑ Child has trouble walking or talking
- ❑ Struggling for breath





How Does Uncontrolled Asthma Affect Students Learning?

- ❑ Fatigue - students up at night with symptoms are tired in the morning.
- ❑ Absenteeism- related to asthma episodes, health care appointments, and hospitalizations.
- ❑ Missed class- time due to frequent school health office visits.



How Is Asthma Controlled?

- ❑ Follow the Individualized Asthma Action Plan
- ❑ Reduce or eliminate triggers
- ❑ Encourage medication compliance
- ❑ Monitor response to treatment
- ❑ Encourage regular pediatric care
- ❑ Ensure good communication among school staff, the pediatrician and parents

Asthma Treatment Plan – Student  Approved by AMERICAN LUNG ASSOCIATION 

(This asthma action plan meets NJ Law N.J.S.A. 18A:40-12.9) (Physician's Orders)

(Please Print)

| | | | |
|--------------|--|---------------------------------------|-------------------------|
| Name _____ | | Date of Birth _____ | Effective Date _____ |
| Doctor _____ | | Parent/Guardian (if applicable) _____ | Emergency Contact _____ |
| Phone _____ | | Phone _____ | Phone _____ |

HEALTHY (Green Zone) IIIIIII

You have **all** of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work, exercise, and play

Take daily control medicine(s). Some inhalers may be more effective with a "spacer" – use if directed.

MEDICINE **HOW MUCH to take and HOW OFTEN to take it**

| | |
|---|--|
| <input type="checkbox"/> Advair® HFA [] 45, [] 115, [] 250 | 2 puffs twice a day |
| <input type="checkbox"/> Antronic® | [] 1, [] 2 puffs twice a day |
| <input type="checkbox"/> Anesco® [] 80, [] 160 | [] 1, [] 2 puffs twice a day |
| <input type="checkbox"/> Dantrol® [] 100, [] 200 | 2 puffs twice a day |
| <input type="checkbox"/> Flovent® [] 44, [] 110, [] 220 | 2 puffs twice a day |
| <input type="checkbox"/> Qvar® [] 40, [] 80 | [] 1, [] 2 puffs twice a day |
| <input type="checkbox"/> Symbrinor® [] 80, [] 160 | [] 1, [] 2 puffs twice a day |
| <input type="checkbox"/> Advair Diskus® [] 100, [] 250, [] 500 | 1 inhalation twice a day |
| <input type="checkbox"/> Acromax® Ventolin® [] 110, [] 220 | [] 1, [] 2 Inhalations [] once or [] twice a day |
| <input type="checkbox"/> Flovent® Diskus® [] 50 [] 100 [] 250 | 1 Inhalation twice a day |
| <input type="checkbox"/> Pulmicort® Flexhaler® [] 90, [] 180 | [] 1, [] 2 Inhalations [] once or [] twice a day |
| <input type="checkbox"/> Pulmicort® Budesonide® [] 105, [] 63, [] 10 | 1 unit nebulized [] twice or [] three a day |
| <input type="checkbox"/> Singulair® (Montelukast) [] 4, [] 5, [] 10 mg | 1 tablet daily |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> None | |

And/or Peak flow above _____

If exercise triggers your asthma, take _____ puff(s) _____ minutes before exercise.

CAUTION! (Yellow Zone) IIIII

You have **any** of these:

- Cough
- Mild wheeze
- Tight chest
- Coughing at night
- Other: _____

If quick-relief medicine does not help within 15-20 minutes or has been used more than 2 times and symptoms persist, call your doctor or go to the emergency room.

And/or Peak flow from _____ to _____

EMERGENCY (Red Zone) IIIIIII

Your asthma is getting worse fast. Quick-relief medicine did not help within 15-20 minutes

- Breathing is hard or fast
- Noose opens wide • Ribs show
- Trouble walking and talking
- Lips blue • Fingernails blue
- Other: _____

And/or Peak flow below _____

Triggers
Check all items that trigger patient's asthma:

- Cold/flu
- Exercise
- Allergens
 - o Dust Mites
 - o Dust, stuffed animals, carpet
 - o Pollen - trees, grass, weeds
 - o Mold
 - o Pets - animal dander
 - o Pesticides - roaches, cockroaches
 - o Odors (brilliant)
 - o Gasoline, smoke & second hand smoke
 - o Perfumes, cleaning products, scented products
 - o Smoke from burning wood, inside or outside
 - o Weather
 - o Sudden temperature change
 - o Sudden weather - hot and cold
 - o Sudden alert days
- Foods: _____
- _____
- _____
- _____
- Other: _____

This asthma treatment plan is meant to assist, not replace, the clinical decision-making required to meet individual patient needs.

Take these medicines NOW and CALL 911. Asthma can be a life-threatening illness. Do not wait!

MEDICINE **HOW MUCH to take and HOW OFTEN to take it**

| | |
|--|-----------------------------------|
| <input type="checkbox"/> Albuterol MDI (Pro-air® or Proventil® or Ventolin®) | 4 puffs every 20 minutes |
| <input type="checkbox"/> Xopenex® | 4 puffs every 20 minutes |
| <input type="checkbox"/> Albuterol [] 1.25, [] 2.5 mg | 1 unit nebulized every 20 minutes |
| <input type="checkbox"/> Dantrol® | 1 unit nebulized every 20 minutes |
| <input type="checkbox"/> Xopenex® (Levalbuterol) [] 0.31, [] 0.63, [] 1.25 mg | 1 unit nebulized every 20 minutes |
| <input type="checkbox"/> Combivent Respimat® | 1 Inhalation 4 times a day |
| <input type="checkbox"/> Other _____ | |

Permission to Self-administer Medication:

This student is capable and has been instructed in the proper method of self-administering of the non-reduced labeled medications named above in accordance with NJ Law.

This student is not approved to self-medicate.

REVISED MAY 2017
Revisions to respiratory health care - www.paonj.org

PHYSICIAN/PNPA SIGNATURE _____ DATE _____

PHYSICIAN/GUARDIAN SIGNATURE _____

PHYSICIAN STAMP _____

Make a copy for parent and for physician file, send original to school nurse or child care provider.

Is there a cure?

- ❑ No cure, but it can be controlled.
- ❑ A child with controlled asthma can live a normal life.
- ❑ Asthma can be controlled by:
 - Knowing and avoiding common triggers
 - Appropriate use of medications



School Asthma Team



Student

Parents

Health care provider



**School nurse, classroom teacher, paraprofessionals,
principal, after-school staff**




The Teacher's Role in Asthma Management



- ❑ Be helpful by reducing exposure to asthma triggers in the classroom.
- ❑ Be observant by noticing when students are coughing or showing other signs something is not right.
- ❑ Contact the school nurse.
- ❑ If the school nurse is not present call a school administrator, call 911 and contact the parent/guardian.
- ❑ Remain with the child and provide reassurance/support.

Asthma Treatment Form


- Students who have been diagnosed by their health care providers with asthma, are required to submit to the school nurse an Asthma Treatment Plan.
- Asthma Treatment Plan needs to be renewed annually.
- Yellow and Red Sections are the orders for medications that the school nurses will administer as needed.


Asthma Treatment Plan – Student   

(This asthma action plan meets N.J. Law N.J.S.A. 18A:40-12.8) (Physician's Orders)

(Please Print)

| | | | |
|--------|--|---------------------------------|-------------------|
| Name | | Date of Birth | Effective Date |
| Doctor | | Parent/Guardian (if applicable) | Emergency Contact |
| Phone | | Phone | Phone |

HEALTHY (Green Zone) 



You have ALL of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work, exercise, and play


And/or Peak flow above _____


Remember to rinse your mouth after taking inhaled medicine.

If exercise triggers your asthma, take _____ puff(s) _____ minutes before exercise.

Take daily control medicine(s). Some inhalers may be more effective with a "spacer" – use if directed.

| MEDICINE | HOW MUCH to take and HOW OFTEN to take it |
|--|---|
| <input type="checkbox"/> Advair® HFA | <input type="checkbox"/> 45, <input type="checkbox"/> 115, <input type="checkbox"/> 230 _____ 2 puffs twice a day |
| <input type="checkbox"/> Aerospir® | _____ <input type="checkbox"/> 1, <input type="checkbox"/> 2 puffs twice a day |
| <input type="checkbox"/> Alvesco® | <input type="checkbox"/> 80, <input type="checkbox"/> 160 _____ <input type="checkbox"/> 1, <input type="checkbox"/> 2 puffs twice a day |
| <input type="checkbox"/> Dulera® | <input type="checkbox"/> 100, <input type="checkbox"/> 200 _____ 2 puffs twice a day |
| <input type="checkbox"/> Flovent® | <input type="checkbox"/> 44, <input type="checkbox"/> 110, <input type="checkbox"/> 220 _____ 2 puffs twice a day |
| <input type="checkbox"/> Qvar® | <input type="checkbox"/> 40, <input type="checkbox"/> 80 _____ <input type="checkbox"/> 1, <input type="checkbox"/> 2 puffs twice a day |
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| <input type="checkbox"/> Advair Diskus® | <input type="checkbox"/> 100, <input type="checkbox"/> 250, <input type="checkbox"/> 500 _____ 1 Inhalation twice a day |
| <input type="checkbox"/> Acornex® Twisthaler® | <input type="checkbox"/> 110, <input type="checkbox"/> 220 _____ <input type="checkbox"/> 1, <input type="checkbox"/> 2 Inhalations <input type="checkbox"/> once or <input type="checkbox"/> twice a day |
| <input type="checkbox"/> Flovent® Diskus® | <input type="checkbox"/> 50, <input type="checkbox"/> 100, <input type="checkbox"/> 250 _____ 1 Inhalation twice a day |
| <input type="checkbox"/> Pulmicort® Flexhaler® | <input type="checkbox"/> 90, <input type="checkbox"/> 180 _____ <input type="checkbox"/> 1, <input type="checkbox"/> 2 Inhalations <input type="checkbox"/> once or <input type="checkbox"/> twice a day |
| <input type="checkbox"/> Pulmicort® RespiR® (Budesonide) | <input type="checkbox"/> 0.25, <input type="checkbox"/> 0.5, <input type="checkbox"/> 1.0 _____ 1 unit nebulized <input type="checkbox"/> once or <input type="checkbox"/> twice a day |
| <input type="checkbox"/> Singulair® (Montelukast) | <input type="checkbox"/> 4, <input type="checkbox"/> 5, <input type="checkbox"/> 10 mg _____ 1 tablet daily |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> None | |

CAUTION (Yellow Zone) 




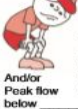
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- Tight chest
- Coughing at night
- Other: _____

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And/or Peak flow from _____ to _____

EMERGENCY (Red Zone) 



Your asthma is getting worse fast:

- Quick-relief medicine did not help within 15-20 minutes
- Breathing is hard or fast
- Nose opens wide • Ribs show
- Trouble walking and talking
- Lips blue • Fingernails blue
- Other: _____

And/or Peak flow below _____

Take these medicines NOW and CALL 911. Asthma can be a life-threatening illness. Do not wait!

| MEDICINE | HOW MUCH to take and HOW OFTEN to take it |
|--|--|
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| <input type="checkbox"/> Xopenex® | _____ 4 puffs every 20 minutes |
| <input type="checkbox"/> Albuterol | <input type="checkbox"/> 1.25, <input type="checkbox"/> 2.5 mg _____ 1 unit nebulized every 20 minutes |
| <input type="checkbox"/> Duoneb® | _____ 1 unit nebulized every 20 minutes |
| <input type="checkbox"/> Xopenex® (Levalbuterol) | <input type="checkbox"/> 0.31, <input type="checkbox"/> 0.63, <input type="checkbox"/> 1.25 mg _____ 1 unit nebulized every 20 minutes |
| <input type="checkbox"/> Combivent® RespiR® | _____ 1 Inhalation 4 times a day |
| <input type="checkbox"/> Increase the dose of, or add: _____ | |
| <input type="checkbox"/> Other _____ | |

Triggers
Check all items that trigger patient's asthma:

- Cold/flu
- Exercise
- Allergens:
 - Dust Mites: dust, stuffed animals, carpet
 - Pollen - trees, grass, weeds
 - Mold
 - Pets - animal dander
 - Pests - rodents, cockroaches
- Odors (Irritants)
 - Cigarette smoke & second hand smoke
 - Perfumes, cleaning products, scented products
 - Smoke from burning wood, inside or outside
- Weather
 - Sudden temperature change
 - Extreme weather - hot and cold
 - Ozone alert days
- Foods: _____
- Other: _____

This asthma treatment plan is meant to assist, not replace, the clinical decision-making required to meet individual patient needs.

Permission to Self-administer Medication:

This student is capable and has been instructed in the proper method of self-administering of the non-nebulized inhaled medications named above in accordance with N.J. Law.

This student is NOT approved to self-medicate.

PHYSICIAN/APN/PA SIGNATURE _____ DATE _____

PHYSICIAN'S ORDERS

PARENT/GUARDIAN SIGNATURE _____

PHYSICIAN STAMP _____

REVISED MAY 2017
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Administration of Medication Form

- ❑ All Asthma medication must be supplied by the parent/guardian.
- ❑ DO NOT send medication in backpack.
- ❑ The medication must be in its original packaging with the original pharmacy label attached.
- ❑ The parent/guardian must sign an Administration of Medication In School form.

**Perth Amboy
Public Schools**
178 Barracks Street, Perth Amboy, NJ 08861
Eva Kucaba Phone: 732 376-6200, Ext: 30145
Supervisor of Nursing and Health Related Services E-Mail: evakucaba@paps.net

ADMINISTRATION OF MEDICATION IN SCHOOL

Dear Parent/Guardian:

Administrative policy of the Perth Amboy Public Schools requires the school nurse to have written permission from you and the attending physician. Medication administered by the school nurse should be done only in exceptional circumstances wherein the child's health may be jeopardized without it.

Sincerely,
Eva Kucaba

.....

As the Parent/Guardian of _____ School/Room _____
Home Telephone _____ Work telephone _____

I request that the below medication, as prescribed, be administered to my child:

Signature _____ **Date** _____

Please have your doctor fill in the information requested on the form below. This form must be returned to the school nurse with a supply of the medication in the original, labeled pharmacy container.

Physician's Section:

Diagnosis for which medication is given: _____

Medication: _____ Dosage: _____

Times: _____ Contraindications: _____

Side Effects: _____

Other information: _____

Physician's Name: _____ Date: _____

Physician's Signature: _____ Tel. # _____

Physician's Stamp: _____

WHAT ARE ALLERGIES?

Allergies are an abnormal response of the immune system.

Any substance that causes an allergic reaction is called an **allergen**.

An allergy could be something you:

- Eat
- Inhale into your lungs
- Inject into your body
- Touch



COMMON ALLERGENS

- Pollen
- Dust mites
- Mold
- Pet dander
- Latex
- Cockroaches
- Insect stings
- Medicines
- Food (commonly eggs, milk, peanuts, tree nuts, fish, shellfish, wheat and soy)



EGGS



GMO



GLUTEN



SUGAR



PEANUTS



CORN



MILK



SOY



TRANS FATS

Reactions

Mild reactions can cause:

coughing, sneezing, itchy eyes, a runny nose and a scratchy throat.

Severe reactions can cause:

rashes, hives, breathing trouble, asthma attacks and even death.

Food allergies can cause:

stomach discomfort, vomit and diarrhea.

Insect allergies can cause:

swelling, redness and pain.



Reactions

- ❑ First-time exposure to allergens may only produce a mild reaction.
 - ❑ Repeated exposures may lead to more serious reactions.
 - ❑ Once a person is sensitized (has had a previous reaction), even a limited exposure to a small amount of allergen can trigger a severe reaction.
- ❑ Most severe reactions occur within seconds or minutes of exposure to the allergen, although some may occur hours later.



Statistics

- ❑ Approximately 32 million people in the United States have food allergies.
- ❑ Food allergies are a growing food safety and public health concern that affect an estimated 8% of children in the United States.
- ❑ That's 1 in 13 children, or about 2 students per classroom.
- ❑ 1 in 10 adults are affected with food allergies.
- ❑ Each year in the U.S., 200,000 people require emergency medical care for allergic reactions to food.



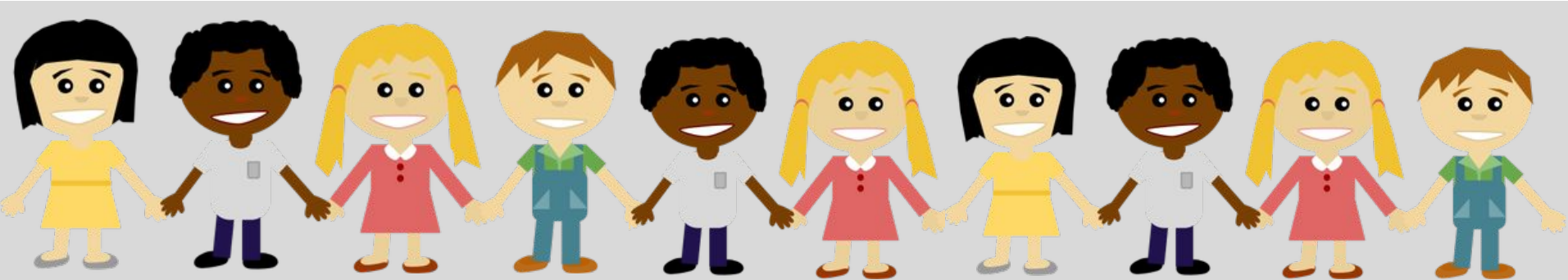
Allergy Diagnosis/Treatment

- ❑ If you or someone you know has allergy symptoms, an allergist or immunologist can help with a diagnosis.
- ❑ All test results must be interpreted by your medical provider who will review the results with your medical history.
- ❑ There is no cure for allergies.
- ❑ With prevention and treatment allergies can be managed.
- ❑ Treatment will be recommended by your medical provider.



Who is at Risk?

- The risk for developing allergies is higher if there is a familial history of asthma, allergies or eczema.
- If the child has asthma.
- Exposure to environmental allergens.
- Allergies can develop at any age, commonly show up during childhood or early adulthood.

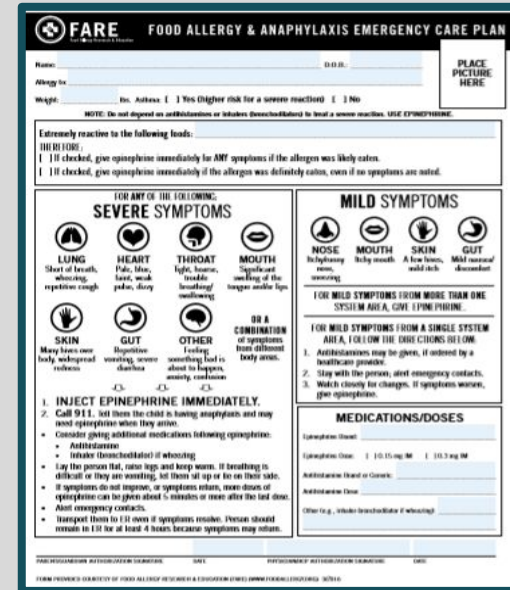


Allergies in School

The most common allergies in school are triggered by food and insects.

FOOD ALLERGY CARE PLAN:

- Must be filled out and signed by medical provider
- Must be signed by parent/guardian
- The medication ordered must be in its original packaging with the original pharmacy label attached
- Form needs to be renewed annually



FARE FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ DOB: _____

Allergy to: _____

Weight: _____ lbs. Address: Yes (Higher risk for a severe reaction) No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following foods:

III III FIVE:

If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

FOR ANY OF THE FOLLOWING:

SEVERE SYMPTOMS

- LUNG** Short of breath, wheezing, repetitive cough.
- HEART** Pale, slow, fast, weak pulse, dizziness.
- THROAT** Hoarse, hoarse, trouble swallowing, swelling of the tongue and/or lips.
- MOUTH** Significant swelling of the tongue and/or lips.
- SKIN** Many hives over body, widespread redness.
- GUT** Nausea, vomiting, severe diarrhea.
- OTHER** Feeling something hot is about to happen, sensory confusion.

OR A COMBINATION of symptoms from different body areas.

1. INJECT EPINEPHRINE IMMEDIATELY.

2. Call 911. Put down the child in having anaphylaxis and may need epinephrine when they arrive.

- Consider giving additional medications following epinephrine:
 - Antihistamine
 - Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs, and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport them to a hospital if symptoms resolve. Person should remain in EIT for at least 4 hours because symptoms may return.

MILD SYMPTOMS

- NOSE** Itchy/runny
- MOUTH** Itchy mouth
- SKIN** A few hives, mild redness, swelling
- GUT** Mild stomach discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW.

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person, alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine (brand): _____

Epinephrine Dose: 0.15 mg IM 0.3 mg IM

Antihistamine (brand or generic): _____

Antihistamine Dose: _____

Other (e.g., inhaler bronchodilator if wheezing): _____

PHARMACEUTICAL AUTHORITY/FORM SOURCE: DATE: REVISION/RECALL INFORMATION: DATE:

FORM PROVIDED COURTESY OF FOOD ALLERGY & ANAPHYLAXIS EDUCATION CENTER (FAAEC) FOR ALL SCHOOLS 2020

Consent to Administer Medication in School:

Perth Amboy
Public Schools
178 Barracks Street, Perth Amboy, NJ 08861

Eva Kucaba Phone: 732 376-6200, Ext: 30145
Supervisor of Nursing and Health Related Services E-Mail: evakucaba@paps.net

ADMINISTRATION OF MEDICATION IN SCHOOL

Dear Parent/Guardian:

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Sincerely,
Eva Kucaba

.....

As the Parent/Guardian of _____ School/Room _____
Home Telephone _____ Work telephone _____

I request that the below medication, as prescribed, be administered to my child:

Signature _____ Date _____

Please have your doctor fill in the information requested on the form below. This form must be returned to the school nurse with a supply of the medication in the original, labeled pharmacy container.

Physician's Section:

Diagnosis for which medication is given: _____

Medication: _____ Dosage: _____

Times: _____ Contraindications: _____

Side Effects: _____

Other information: _____

Physician's Name: _____ Date: _____

Physician's Signature: _____ Tel. # _____

Physician's Stamp: _____

- Must be completed by parent/guardian and medical provider.
- The orders are renewed annually.

School Nurse Notifies Staff

The School Nurse will notify the classroom staff and food service department of your child's allergies to provide for their safety.

This information will be kept confidential and only shared with the necessary personnel.



A form titled "Allergies" with a decorative border. The title is in a large, stylized font. Below the title, there are two columns: "Student Name" and "Allergy or Other Medical Concern". The form has several rows for data entry. At the bottom left, there is a cartoon drawing of a boy with glasses, and at the bottom right, there is a cartoon drawing of a girl with long hair.

| Student Name | Allergy or Other Medical Concern |
|--------------|----------------------------------|
| | |
| | |
| | |
| | |
| | |
| | |



Anaphylaxis

Anaphylaxis is a severe, potentially life-threatening allergic reaction that causes your immune system to release chemicals that can cause the body to go into shock.

Signs and symptoms of shock can occur within seconds or minutes of exposure to something you're allergic to:

- Swelling of the face, mouth and throat
- Short of breath, wheezing, repetitive cough
- Difficulty swallowing or speaking
- Abdominal pain, nausea or vomiting
- Pale, blue, dizzy, confused
- Loss of consciousness
- Widespread hives or hives on torso and neck



Anaphylaxis

- ❑ Anaphylaxis requires an injection of epinephrine and a follow-up trip to an emergency room
- ❑ If you don't have epinephrine, you need to go to an emergency room immediately
- ❑ If anaphylaxis isn't treated right away, it can be **FATAL**
- ❑ **When in doubt - give the epinephrine and call 911!**



EpiPen & Auvi-Q Autoinjectors: What is it & when is it used?

EpiPen and Auvi Q are epinephrine (adrenaline) administration devices.

They are used in emergencies to treat very serious allergic reactions.

- ❑ Automatic injection device
- ❑ Disposable
- ❑ Pre-filled with 1 dose of epinephrine



EPIPEN DOSAGES:

- Junior 0.15 mg (green Label) for 33-66 lbs.
- Adult 0.3 mg (yellow label) for 66 lbs or greater



AUVI-Q DOSAGES:

- Infants & Toddlers 0.1 mg
 - (white and lavender label) for 16.5 - 33 lbs
- Children 0.15 mg
 - (blue label) for 33 - 66 lbs
- Anyone 0.3 mg
 - (red label) for 66 lbs or greater



HOW TO USE AN EPIPEN



HOW TO USE AUVI-Q



Anaphylaxis

When a child comes in contact with something that he or she is allergic to reactions happen quickly.



Epinephrine acts quickly to:

- Improve breathing
- Stimulate the heart
- Raise a dropping blood pressure
- Reverse hives
- Reduce swelling of the face, lips, and throat

Anaphylaxis can be FATAL and must be treated promptly with an injection of epinephrine.

Nurse's Office

**Students EpiPen &
Auvi-Q**



- ❑ Students EpiPen and Auvi-Q are labeled with the student's name and room number stored in unlocked cabinet in the nurse's office

References

[Asthma & Allergy Facts and Statistics](#)

[CDC Healthy Schools](#)

[Healthy Children](#)

[Asthma & Allergy Foundation of America](#)

[Allergies Conditions & Treatments](#)

[Types of Allergies](#)

[Epi Pen Injections](#)

[Causes & Symptoms of Anaphylaxis](#)

[Food Allergy Facts & Statistics](#)

[Food Allergies in Schools](#)

[Managing Asthma in School](#)



Questions or Comments



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